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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE OCEAN MEDICAL VENTURES, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

WILTON L. BUNN, MANAGER, BUNN BLUE OCEAN, LLC  
\_\_\_\_\_  
(Contact Person)

BUNN BLUE OCEAN, LLC  
\_\_\_\_\_  
(Firm/Company)

PO BOX 340, NAPLES, FL 34106 (MAILING ADDRESS)  
\_\_\_\_\_  
(Address)

1865 7TH STREET SOUTH, NAPLES, FL 34102 (PHYSICAL ADDRESS)  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILTON L. BUNN at (919) 604-3932  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BLUE OCEAN MEDICAL VENTURES, LLC

2. The Florida document/registration number assigned to this limited liability company is: 121000503959

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/16/2023

4. I, WILTON L. BUNN MGR, BUNN BLUE OCEAN, LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

LIMITED PARTNER/MEMBER/TRANSFERO  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing

Wilton L. Bunn D.B.A/MANAGER BUNN BLUE OCEAN, LLC  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FL